

Workforce Training and Development Workgroup Meeting

May 28, 2009

11 AM – 12 PM

JONAH:

- Purpose of meeting: Discuss steps and describe what we hope to accomplish through this workgroup
- Expectations: Relying on members to provide materials, background, and relationships to develop a plan for workforce development
- 3 sub-committees, each chaired by a leader
 - Jeff Oxendine: Assoc Dean at UC Berkeley School of Public Health
 - Was hospital and medical group administrator for 22 years
 - Workforce development and health IT adoption
 - Statewide workforce development strategies
 - CA Health Workforce Alliance
 - One point of convergence for CA health workforce development
 - Spornaza Avram
 - Consultant on HIT and rural health issues
 - Rural NE CA on telemedicine, HIE issues
 - CA state rural health assn
 - Rural perspectives included in state initiatives
 - Martha Dameron
 - Health IT Consultant
 - 10-12 years in EMR product management
 - IT Strategy – help facilities choose best IT structure and tools
 - Website: www.hie.ca.gov
 - Developing a new website with enhanced functionality

- Contact email: hie@chhs.ca.gov
 - Any possible stakeholders should be encouraged to get involved by contacting this email ASAP
- Listserve also available for full access to this group upon request
- We will be using Doodle or surveys to get availability for further meetings
- We will be using a wiki to manage documents and collaboration
- Workforce relevant components of HITECH (ARRA)
 - Competitive grants to support integration of HIT curriculum into academic programs
 - Not clear how much workforce will be funded, but part of \$2Bn pot
 - Eligible entity must submit a strategic plan
 - Developing this plan is one of our main charges in this workgroup
 - Must be a specified type of entity
 - Be a school of medicine, osteopathic medicine, dentistry, or pharmacy, a graduate program in behavioral or mental health, or any other graduate health professions school, a graduate school of nursing or physician assistant studies, or a consortium of any of the above
 - Matching funds must be provided
 - No allowances for hardware or software - only curriculum tools
- 50% federal match, but some might be waived
- HHS and NSF may also provide some assistance to expand medical informatics
 - Developing informatics curricula,
 - Recruiting students
 - Acquiring equipment for student instruction
 - Establishing/enhancing bridge programs between community colleges and universities

- Charter of this group
 - To develop a strategic plan to integrate EHR technology into the education and training of health care professionals and to position and prepare California stakeholders to receive federal funding to launch and support these education efforts.
- Comment: JEFF OXENDINE
 - Already developing the CA Health Workforce Alliance
 - Master plan and hub for CA health workforce development
 - Vehicle for public and private investment
 - Vehicle for proposal for fed funds
 - Supported by CC, CSU, UC, and some private
 - Will be launched in June
 - Could be a great foundation for this effort
- Comment: SPERANZA AVRAM: HIT rather than just EHR is a better characterization of our focus as EMR is an important sub-component of the larger HIT picture
- 3 objectives of this workgroup
 - Ensure that an adequately trained workforce exists to support the dissemination of HIT
 - Expand medical health informatics programs
 - Maximize federal stimulus funding to create and support a California HIT workforce
- Comment: Robert McLaughlin from CA Council on Science and Technology
 - Will this be an ongoing initiative or just for stimulus?
 - These issues are more long-term and must be carried forward even when stimulus funding is no longer available. Therefore, we should develop a sustainable approach and solution
 - JONAH: Sub-committee 3 is around sustainability and governance and should in fact address this
- 3 Sub-committees – where real work will be done (these sub-committee charters will continue to be refined)

- 1: HIT Workforce needs
 - Statewide assessments
 - Existing capacity, core competencies
 - Project needs
 - ID existing programs
- 2: Curriculum
 - Once we know need, question is how to address gap
 - Identify opportunities for expansion
 - Curriculum recommendations
 - Comment: Perhaps baseline should be in group 2 to go with curriculum. Group 1 focus on projections
- 3: Sustainability and governance
 - Identify matching sources
 - Structure, governance, and sustainability
 - Who organizations are and what kinds of resources they are currently allocating
 - Comment: Universities as matching fund source
- Tasks of these committees
 - Requirements, curricula, outreach to partners and constituencies
 - Relying on members to generate a lot of data
 - Consultants and co-chairs will compile and incorporate information
- Timeline
 - Drastic, but hinged on federal timeline
 - Funding available federal fiscal year 2010, which begins Oct 1, 2009
 - Launch these committees June 8, 2009
 - 90 minute call that week to be scheduled for kickoff

- What we need to start building the plan
 - Bi-weekly check-ins
 - Frequent email contact
- Team will send out summaries and proposed meeting times, then schedule out through end of year
- Middle of July (13th) summit
 - All subcommittees and workgroups
 - Draft plan already available, then refined during summit
 - Finalize over two weeks, then publish at end of July
 - Advisory board overseeing our efforts
 - Public feedback
 - Revise for final by September
- Questions and outstanding issues
 - Other major efforts underway we should tap into?
 - Please let us know who the major participants are?
 - Model right for structure of project
 - How do we maximize participation, collaboration, and coordination?
- Next steps
 - Volunteer for sub-committees
 - Set up meeting times
 - Presentation on website (and with meeting summary)
- Questions and comments
 - Comment: Virginia Hamilton or anyone from CA Workforce Assn (CWA)? Activities to identify creative ways to ensure that health IT workforce is being developed
 - Allied Health Initiative – WIBs – workforce investment boards are a key. Public private partnership. Kathy Martin, Stephanie Leach. CC interest.

- Oxendine to follow up with both bullet points above.
- PAM LANE from CHA: address how info is available.
- Comment: Actual process for signing up for sub-committees: send email to hie@chhs.ca.gov, requesting sub-committee.
- Bill Spooner: National University kickoff program for informatics. Start out with inventory of existing informatics programs. Need to establish common curriculum? Need to train thousands of users/clinicians as well as informaticists. Need creative programs and best practices for training clinicians to properly use HIT.
- Evelyn Latti: Los Rios CC, developing program to follow life cycle of implementation of EHRs and other HITs, such as telehealth.
- Comment: Much of training needs to be targeted at MDs. Resistance to process of adoption. What is missing in training for those people resisting?
- Jonah: HITECH References to training clinicians and facilitators of adoption and use. Workforce applied in RECs and community. Full implementation, including processes. Internships and workflow redesign.
- Comment: LISA, UCSF School of Pharmacy: Even at third year, most students didn't know what ePrescribing was. Our program was Train the trainer, then cross training. We started with Medicare Part D changes. Successful component: consumer outreach. Different expectations from wired world
- Speranza: How do we engage consumers? Unless we engage them we will fail.
 - Consumer perspective could be part of #3.
- Aileen: Getting MD interest, combating resistance. We're not having the conversation that is meaningful to MDs. Real skill in communication to help change discussion to capture what MDs care about. Need to understand how tool works for them. Engage people who understand how language motivates behavior. Innovation starts when you know what needs to change.
- DAVID FORD from CMA: Can arrange user focus group studies for talking to MDs.

- Comment: Someone should attend American Medical Informatics Assn. Meeting June 25 in Portland for Med Informatics Curriculum.
- Sources of categories for HIT or who might have lists. Hospital Assn or CMA? Careers, roles, positions, #s, etc. Virginia Hamilton would probably have that. Professional Orgs likely have a lot of that too. Try not to replicate work that has been done.
- Pam: HMIA and HIMSS have done a lot of this work.
- Martha: What about Personal Health Records?
- Jonah: Esperanza is right, we need a consumer group.
- David Ford: How can the CMA help? User groups and Focus groups are easy for us.
- Comment: We could do town halls or local groups

Closing Remarks by Jonah Frohlich